

2010/11 HFP CONTRACT AMENDMENTS: DENTAL
Summary of Proposed Model Contract Language Changes
DENTAL

EXHIBIT A

SECTION		Page	Type of Change	Change
		Throughout	Clarifying, non-substantive	<ul style="list-style-type: none"> Added “or Certificate of Insurance” after “Evidence of Coverage”
		Throughout	MRMIB needs a full copy of the plan’s amended EOC	<ul style="list-style-type: none"> Deleted “or amended pages”
I. Introduction	C.1. Geographic Areas Covered	1	Attachment I title	<ul style="list-style-type: none"> Changed “Geographic Area Grid” to “Plan Coverage Area”
I. Introduction	D. Provider Networks	2	Clarifying, non-substantive	<ul style="list-style-type: none"> Changed Section Title from “Changing Dental Care Providers” to “Provider Networks”
I. Introduction	D.2. Provider Networks	2	Substantive	<ul style="list-style-type: none"> Clarifies that the plan give at least 60 days notice to of provider network changes and requires plans to submit documentation of its filing with the licensing agency.
I. Introduction	E. Term of Agreement	3	Conforming	<ul style="list-style-type: none"> Changes contract period to reflect the new benefit year ending September 30, 2011.
II. Enrollment	E. Identification Cards, Provider Directory, and Evidence of Coverage (EOC) or Certificate of Insurance (COI) Booklet	4	Clarifying, conforming, non-substantive	<ul style="list-style-type: none"> Adds Certificate of Insurance to Section title.
II. Enrollment	E.3. Identification Cards, Provider Directory, and Evidence of Coverage (EOC) or Certificate of Insurance (COI) Booklet	5	Conforming	<ul style="list-style-type: none"> Changes due dates to conform with the new benefit year.
II. Enrollment	F.2. Primary Care Dentist Assignment	6	Clarifying	<ul style="list-style-type: none"> Changes “provider” to “dentist”
II. Enrollment	J.1. Network Information Service	9	Clarifying	<ul style="list-style-type: none"> Clarifies that subscribers use information provided by the plan to select providers as well as a plan

2010/11 HFP CONTRACT AMENDMENTS: DENTAL
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DENTAL

III. Customer Service	B.1. Grievance Procedure (DMHC)	12	Substantive	<ul style="list-style-type: none"> Defines “grievance” to conform with the definition in the Knox Keene Act
III. Customer Service	B.2. Grievance Procedure (CDI)	12	Substantive	<ul style="list-style-type: none"> Defines “grievance” to conform with the definition in the Knox Keene Act
III. Customer Service	C.1.c. Cultural and Linguistic Services – Linguistic Services	13	Substantive	<ul style="list-style-type: none"> Adds new section requiring plans to provide information on language needs of subscribers to network providers.
III. Customer Service	C.1.d. Cultural and Linguistic Services – Linguistic Services	13	Non-substantive	<ul style="list-style-type: none"> Deletes examples of activities the plan “may” undertake.
III. Customer Service	C.1.e. Cultural and Linguistic Services – Linguistic Services	14	Clarifying, conforming	<ul style="list-style-type: none"> Strengthens the requirement for delivery of timely language assistance services to conform with Knox Keene requirements
III. Customer Service	C.1.f. Cultural and Linguistic Services - Linguistic Services	14	Non-substantive	<ul style="list-style-type: none"> Deletes examples of activities the plan “may” undertake
III. Customer Service	C.1.h. Cultural and Linguistic Services – Linguistic Services	15	Non-substantive	<ul style="list-style-type: none"> Changes section g to h Deletes examples of activities the plan “may” undertake
III. Customer Service	C.1.i. Cultural and Linguistic Services – Linguistic Services	15	Clarifying	<ul style="list-style-type: none"> Strengthens the section by changing “non-compliance” to “deficient in meeting”
III. Customer Service	C.2.a. Cultural and Linguistic Services – Translation of Written Materials	16	Conforming, substantive	<ul style="list-style-type: none"> Strengthens the requirement to translate written materials and adds 2 documents to be translated in accordance with Knox Keene Language Assistance Programs.
III. Customer Service	C.2.b. Cultural and Linguistic Services – Translation of Written Materials	16-17	Conforming, non-substantive	<ul style="list-style-type: none"> Changes dates to conform with new benefit year Deletes examples of activities the plan “may” undertake
III. Customer Service	C.2.c. Cultural and Linguistic Services – Translation of Written Materials	17	Non-substantive	<ul style="list-style-type: none"> Deletes examples of activities the plan “may” undertake

2010/11 HFP CONTRACT AMENDMENTS: DENTAL
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DENTAL

III. Customer Service	C.2.d. Cultural and Linguistic Services – Translation of Written Materials	17	Non-substantive	<ul style="list-style-type: none"> Changes date to conform with new benefit year
III. Customer Service	C.3. Cultural and Linguistic Services – Cultural and Linguistic Needs Assessment	17-18	Substantive	<ul style="list-style-type: none"> Deletes current GNA language. A new GNA section is added as V.H.
III. Customer Service	C.3.a. Cultural and Linguistic Services – Cultural and Linguistic Competency	19	Non-substantive	<ul style="list-style-type: none"> Add “interpreters” to the list of sources for feedback on cultural competency
III. Customer Service	C.3.b. Cultural and Linguistic Services – Cultural and Linguistic Competency	19	Technical, non-substantive	<ul style="list-style-type: none"> Deletes examples of activities the plan “may” undertake
III. Customer Service	C.3.b. Cultural and Linguistic Services – Cultural and Linguistic Competency	19	Clarifying	<ul style="list-style-type: none"> Conforms dates to new benefit year and clarifies which benefit years are to be reported
IV. Covered Services and Benefits	B.1. California Children’s Services (CCS)	21	Clarifying	<ul style="list-style-type: none"> Deleted “under the age of nineteen (19)”
IV. Covered Services and Benefits	B.3. California Children’s Services (CCS)	21	Conforming	<ul style="list-style-type: none"> Adds a requirement that the plan provide the policies and procedures to the State. Adds a requirement that the policies and procedures address early identification and referral of children
IV. Covered Services and Benefits	B.3.b. California Children’s Services (CCS)	21	Substantive	<ul style="list-style-type: none"> Requires providers to perform appropriate baseline dental assessment and diagnostic evaluations prior to referral to CCS
IV. Covered Services and Benefits	B.4. California Children’s Services (CCS)	22	Substantive	<ul style="list-style-type: none"> Strengthens the requirement that the plan develop a MOU with a county CCS program
IV. Covered Services	B.5. California Children’s	22	Substantive	<ul style="list-style-type: none"> Requires plans to report not just the

2010/11 HFP CONTRACT AMENDMENTS: DENTAL
Summary of Proposed Model Contract Language Changes
DENTAL

and Benefits	Services (CCS)			number, but the actual children who received CCS services and information about referrals
IV. Covered Services and Benefits	B.7. California Children's Services (CCS)	22	Substantive	<ul style="list-style-type: none"> Clarifies that the plan is responsible for providing medically necessary services to children referred to CCS until the CCS program establishes eligibility Deletes a reference to retroactive payment by CCS
IV. Covered Services and Benefits	B.8.b California Children's Services (CCS)	23	Technical	<ul style="list-style-type: none"> Moves a sentence from the previous section to create a new section b.
IV. Covered Services and Benefits	B.8.c California Children's Services (CCS)	23	Clarifying	<ul style="list-style-type: none"> Clarifies the subscriber's condition and deletes references to subscribers under the age of 19.
IV. Covered Services and Benefits	F.3 Copayments	24	Clarifying, conforming	<ul style="list-style-type: none"> Clarifies that plans will report copayments for covered services and changes the due date for the report to conform with the new benefit year time period.
IV. Covered Services and Benefits	K. Interpretation of Coverage	25	Technical, non-substantive	<ul style="list-style-type: none"> Adds "Certificate of Insurance" and requires that it provide clear and complete notice of terms of coverage to subscribers.
V. Clinical Quality Measures and Management Practices	A.1. Measuring Clinical Quality	26	Clarifying	<ul style="list-style-type: none"> Adds the title of Attachment III.
V. Clinical Quality Measures and Management Practices	A.3. Measuring Clinical Quality	26	Substantive	<ul style="list-style-type: none"> Adds a statement notifying the Contractor that its performance will influence whether the State extends or renews the contract.
V. Clinical Quality Measures and Management Practices	B.1. Measuring Consumer Satisfaction	26	Clarifying	<ul style="list-style-type: none"> Clarifies that the state will conduct the consumer satisfaction survey "no more often than annually," rather than annually.

2010/11 HFP CONTRACT AMENDMENTS: DENTAL
Summary of Proposed Model Contract Language Changes
DENTAL

V. Clinical Quality Measures and Management Practices	B.3. Measuring Consumer Satisfaction	27	Clarifying	<ul style="list-style-type: none"> Clarifies that the state will provide consumer satisfaction data to the public.
V. Clinical Quality Measures and Management Practices	C. Dental Care Services	27	Substantive	<ul style="list-style-type: none"> Changes the heading and strengthens the language to require the plan to notify subscribers of the importance of periodic dental evaluations.
V. Clinical Quality Measures and Management Practices	D.1. Quality Management Processes	27	Technical, non-substantive	<ul style="list-style-type: none"> Strengthens the requirement that the plan maintain a system of accountability for quality improvement activities.
V. Clinical Quality Measures and Management Practices	D.2. Quality Management Processes	28	Clarifying	<ul style="list-style-type: none"> Changes “corrective action plan” to “quality improvement plan”
V. Clinical Quality Measures and Management Practices	D.3. Quality Management Processes	28	Substantive	<ul style="list-style-type: none"> Clarifies that the state will evaluate in the plan’s consumer satisfaction performance in addition to clinical quality performance in determining whether the plan’s continued participation is in the best interest of the subscribers.
V. Clinical Quality Measures and Management Practices	E. Encounter and Claims Data	28-29	Substantive	<ul style="list-style-type: none"> Adds a new section requiring plans to report encounter and claims data and sets up the process for doing so.
V. Clinical Quality Measures and Management Practices	H. Group Needs Assessment	30	Substantive	<ul style="list-style-type: none"> Moves the GNA from the Cultural and Linguistic Section and broadens the purpose of the GNA to include health status. Requires the plan to submit a GNA report by 9/30/11 that includes a plan to address any disparities identified through the GNA. MRMIB will coordinate with Medi-Cal on the GNA requirements.

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